

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097914163**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1												
2												
3		12										
4		21										
5		10										
6		01										
7		12										
8		21										
9		12										
10		21										
11		10										
12		01										
13		10										
14		01										
15		10										
16		01										
17		10										
18		01										
19		12										
20		01										
21		10										
22		01										
23		10										
24		01										
25		10										
26		01										
27		10										
28		01										
29	1											
30		1										
31		12										
32	1											
33		1										
34		12										
35		1										
36		1										
37		1										
38		1										
39		1										
40		1										
41		1										
42		1										
43	1											
44		1										
45		12										
46	1											
47		1										
48		1										
49		1										
50	1											
TOTAL IND.		↓		↓		↓						
TOTAL DEP.		↓		↓		↓						
TOTAL CLAIMS												
51		01										
52		1										
53		1										
54		1										
55		1										
56		1										
57		1										
58		10										
59		01										
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68		0										
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95												
96												
97												
98												
99												
100												
TOTAL IND.	9	↓		↓		↓						
TOTAL DEP.	27	↓		↓		↓						
TOTAL CLAIMS	36											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS